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## **Testimony of the Osteopathic Association**

## In response to: MaineCare Redesign Task Force Recommendation Report December 11, 2012

Good afternoon Commissioner Mayhew and distinguished members of the MaineCare Redesign Task Force. On behalf of the Maine Osteopathic Association (MOA), I am pleased to provide these comments on the MaineCare redesign recommendation report. The MOA is a professional association representing more than 400 osteopathic physicians and an additional 500 residents and medical students throughout Maine. Our mission is to "serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, professional advocacy and member services in order to ensure the availability of quality osteopathic health care to the people of this State."

First of all, the MOA applauds the committee on the impressive work completed in such a short period of time. The members' hard work and dedication is to be commended and to undertake such a comprehensive review of the current MaineCare program and to address a broad range of reforms is impressive. Our association is committed to working with MaineCare staff and the state to implement cost savings strategies that will improve quality of care and lead to better patient outcomes.

We were struck by the data that demonstrated that the top 5% of the MaineCare population generates about 54% of the overall MaineCare spending. That is a staggering statistic. We know that in these difficult fiscal times, measures need to be taken to address spending and to reform the health care

delivery system, and in particular, by identifying management and administrative strategies to reform

care delivery. While we are intrigued by the idea of Care Management Organizations (CMO) identified

in the proposal as having the ability to "oversee and coordinate MaineCare's value based purchasing, as

well as PCMH and ACOs," we are concerned about what that means for patient care. Specifically, our

concerns center on the authority of that entity, who has oversight of it and/or the contract, and we

strongly believe that physicians must remain the leader of the care management team. We fully support

the notion of community and team based care but with appropriate reimbursement that supports the

viability of that team and preserves the physician as the leader of the coordination and care management

plan. In addition, we would add that the patient has a both a pivotal role and a shared responsibility as a

member of the team and we would not want a bureaucratic entity interrupting the continuity and quality

of care or interfering with the doctor-patient relationship.

The MOA represents hundreds of extremely dedicated primary care physicians across Maine,

including many who serve in rural and underserved parts of our state and provide care for our

MaineCare patients. We want to use data to drive decisions and reform our health care delivery system

in a way that reduces cost and preserves access to high quality patient care. We thank you for the

opportunity to provide comments on the recommendations of the task force and we remain interested in

providing further input on the implementation of these strategies.

Respectfully,

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